

Name in Full

Certificate of Death

43

Town

County

MARYLAND

Died at

Date 19

3

Month

Day

Y.

M.

D.

Native of

Occupation

Jan 19

Age

64

md

Pastor

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primery

Death

Immediate

How long sick

1 day

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988*



Name
in
Full

CERTIFICATE OF DEATH

John Borden

Died at *Huntingtown* ^{Town} *Calvert* ^{County}

MARYLAND

Date of death 1903 *Jan* ^{Month} *23* ^{Day} Age *26* ^{Years} Months Days

Sex *male* Color or Race *Black* Birth-place *Cal. Co.*

Married, Single or Widowed *Married* Occupation *Harmer*

Name of Wife or ~~Husband~~ *Henry Kent*

Father's Name *John Borden* Father's Birthplace *Cal. Co.*

Mother's Maiden Name *Margaret Chase* Mother's Birthplace " "

Name of person giving information *Jos. Borden* How related to deceased *none*

CAUSES OF DEATH

Primary *Lobar Pneumonia* How long *8 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. W. Leitch
Huntingtown
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Blanch Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hillman		County Cal. Co.		MARYLAND	
Date of death 1903	Month Jan	Day 20	Age 21	Years	Months 8	Days	
Sex Female		Color or Race Black		Birth- place Cal. Co.			
Married, Single or Widowed		Single		Occupation			
Name of Wife or Husband							
Father's Name Howard Brown				Father's Birthplace Cal. Co.			
Mother's Maiden Name Cora Brown				Mother's Birthplace " "			
Name of person giving In formation Lucio Brown				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Broncho Pneumonia	How long	10 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. W. Leitch	
Address		Huntington	
Accident or Suicide?		Med	



Name
in
Full

George Coult

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Padrum</u> <small>Town</small>			<u>Calvert</u> <small>County</small>			MARYLAND	
Date of death 190 <u>3</u>		Month <u>Jan</u>	Day <u>18</u>	Years <u>20</u>	Months	Days	
Sex <u>Male</u>		Color or Race <u>black</u>		Birth-place <u>Cal. Co.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Harbor laborer</u>					
Name of Wife or Husband							
Father's Name <u>Benj. Coult</u>				Father's Birthplace <u>Cal. Co.</u>			
Mother's Maiden Name <u>John Thomas</u>				Mother's Birthplace			
Name of person giving information <u>Willie Gross</u>				How related to deceased <u>None</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>2 yrs</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. W. Leitch</u>
	Address <u>Shuntingtown Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

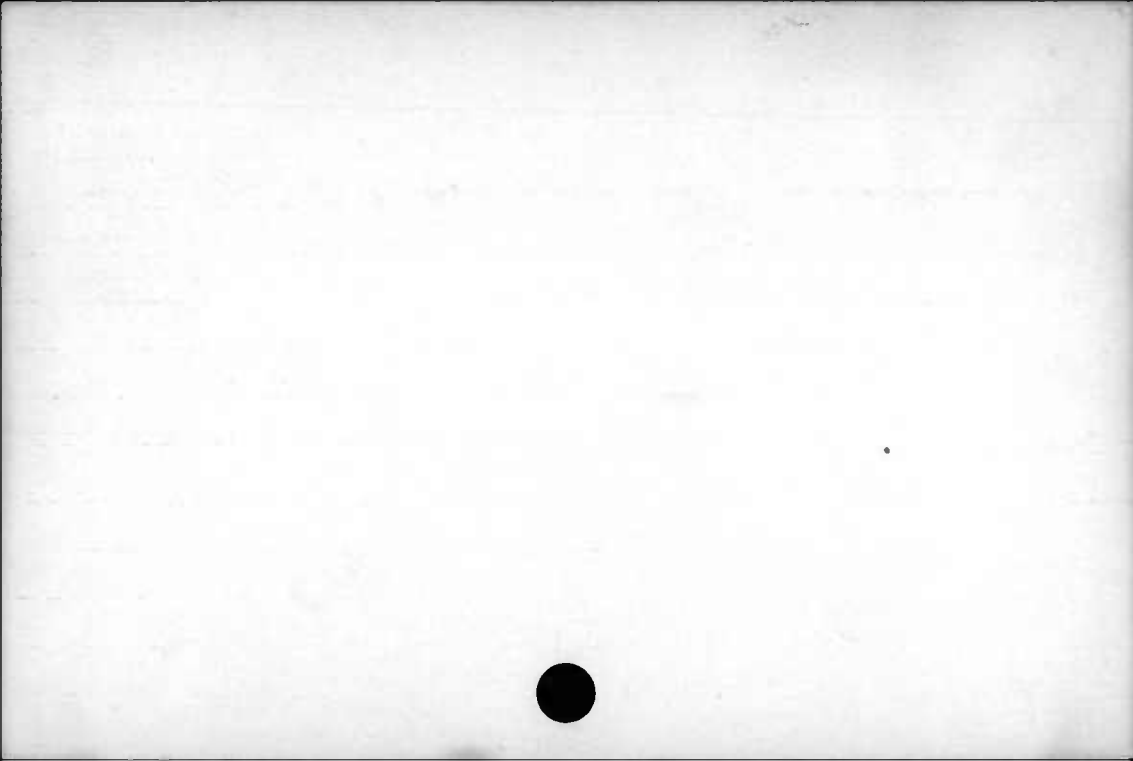
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary Dorsey</i>		Town <i>Huntingtown</i>		County <i>Calvert</i>		MARYLAND	
Died at <i>Huntingtown</i>		Month <i>June</i>		Day <i>6</i>		Years <i>56</i>	
Date of death 1903		Months		Days			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Married, Single or Widowed <i>married</i>		Occupation <i>wife</i>					
Name of Wife or Husband <i>John King</i>							
Father's Name <i>no record</i>		Father's Birthplace <i>-</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>John King</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>		How long <i>10 yrs</i>	
Immediate <i>Pneumonia</i>		How long <i>1 wk</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J.W. Litch</i>	
		Address <i>Huntingtown</i>	
Accident or Suicide? <i>8</i>		<i>md.</i>	



Died at Wallkill ^{Town} Calvert ^{County} MARYLAND
 Date 1903 1 30 ^{Month} ^{Day} 27 ^{Y.} ^{M.} ^{D.} Polin ^{Native of} Sailing ^{Occupation}
 Male White Married Widow Divorced
Female Colored Widower Number of children living 1

Husband
of
Wife

Father's Name Walter Gross Mother's Name Lizvia Gross
 Maiden Name Lizvia Gross

Cause of Death { Primary Immediate } 2 months Accident, Suicide, Homicide
 How long sick

Reported by John J. Brooks

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

43

Town *Almond* County *Calvert* MARYLAND

Died at *Almond* *Calvert*
 Date 1903 *Jan 15* Month *Jan* Day *15* Y. *0* M. *0* D. *0* Native of *Calvert* Occupation
 Male *White* Married *Widow* Divorced
 Female *Colored* Single *Widower* Number of children living

Husband of

Wife

Father's Name *John Harold* Mother's Name *Ligia Y. Root*

Cause of Death { Primary *Stomach* Immediate *Stomach* How long sick
 Accident, Suicide, Homicide

Reported by

Address

John J. Brooks

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Phoebe Ellen Harvey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chanesville</i>		Town <i>Calverton</i>		County		MARYLAND	
Date of death 1903	Month <i>Jan</i>	Day <i>31</i>	Age	Years <i>72</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>African</i>		Birth-place <i>Calverton Co</i>				
Married, Single or Widowed			Occupation <i>House wife</i>				
Name of Wife or Husband <i>Frank Harvey</i>							
Father's Name <i>Elijah Griffin</i>			Father's Birthplace <i>Calverton Co</i>				
Mother's Maiden Name <i>Phoebe E. Griffin</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Low Marshall Harvey</i>			How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-Pneumonia</i>	How long <i>one week</i>
Immediate <i>Cardiac Failure</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. Hinman</i>
	Address <i>Lo. Marlboro, Md.</i>
Accident or Suicide?	



Died at *Mt Harmony* Town *Calvert* County *MARYLAND*
 Date 19 *03* Jan *20* Month Day Y M D Age *3* Native of *Calvert* Occupation *none*
 Male ~~Female~~ *White* ~~Colored~~ Married ~~Single~~ *Widow* ~~Widower~~ Divorced ~~Number of children living~~

Husband of *Wife*
 Father's Name *John Hicks* Mother's Maiden Name *Florence Holland*

Cause of Death { Primary *St* Immediate *heart failure* How long sick *one day*
 Accident, Suicide, Homicide

Reported by *Wm. H. Hutchins undertaker*
 Address *Mt Harmony Calvert Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Floyd Jones

CERTIFICATE OF DEATH

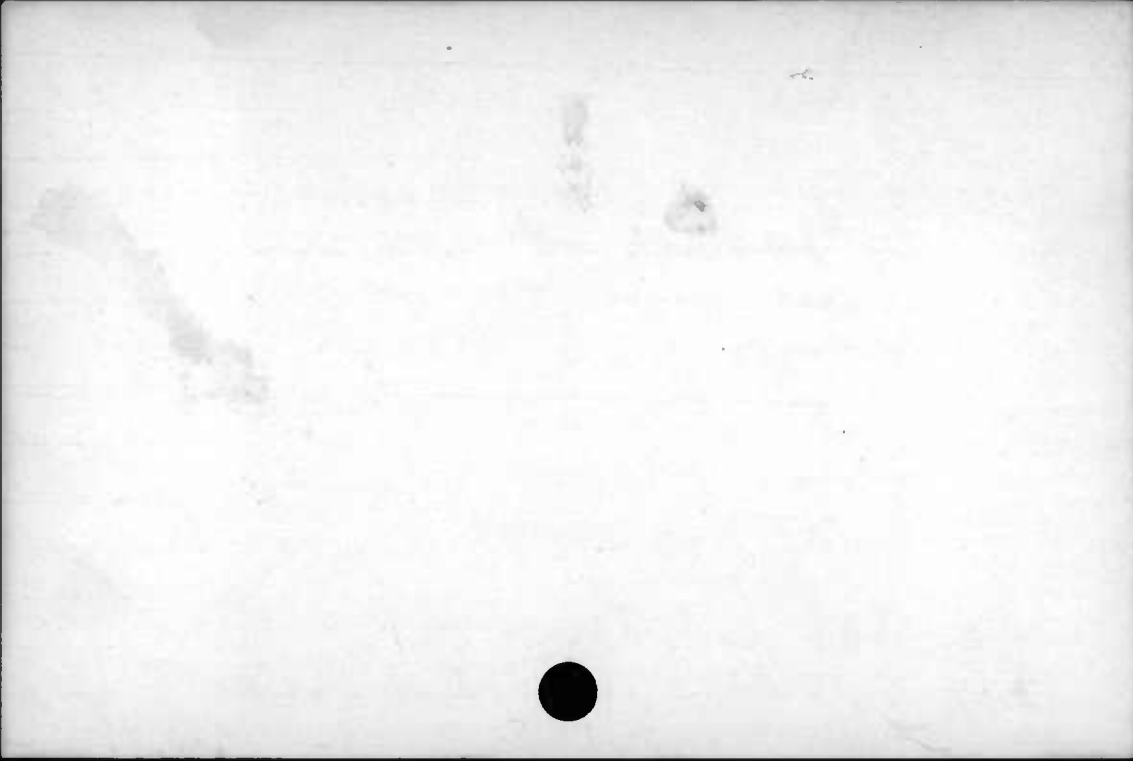
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Willow		County Calvert		MARYLAND	
Date of death 1903		Month Jan		Day 10		Age	
Sex Male		Color or Race Black		Birth- place Cal. Co.		Months Days	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name Eli Jones				Father's Birthplace Cal. Co.			
Mother's Maiden Name Alice Perren				Mother's Birthplace			
Name of person giving Information Wm. Reed Jr				How related to deceased not			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchus Pneumonia		How long 2 wks	
Immediate Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. W. Leitch	
g		Address Huntington Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

Died at *Chesapeake Beach* Town *Calvert* CountyDate of death 1903 Month *June* Day *26* Age *5* Years Months *6* DaysSex *Male* Color or Race *Black* Birth-place *Cal. Co.*Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *Louis Jones*Father's Birthplace *Cal. Co.*Mother's Maiden Name *Madora Grace*

Mother's Birthplace " "

Name of person giving information *J. W. Grace*

How related to deceased

CAUSES OF DEATH

Primary *Acute Nephritis* How long *2 months*Immediate *Dropsy over exhaustion* How long *3 weeks*Are the name, age, sex, color, date and place correctly given above? *yes*

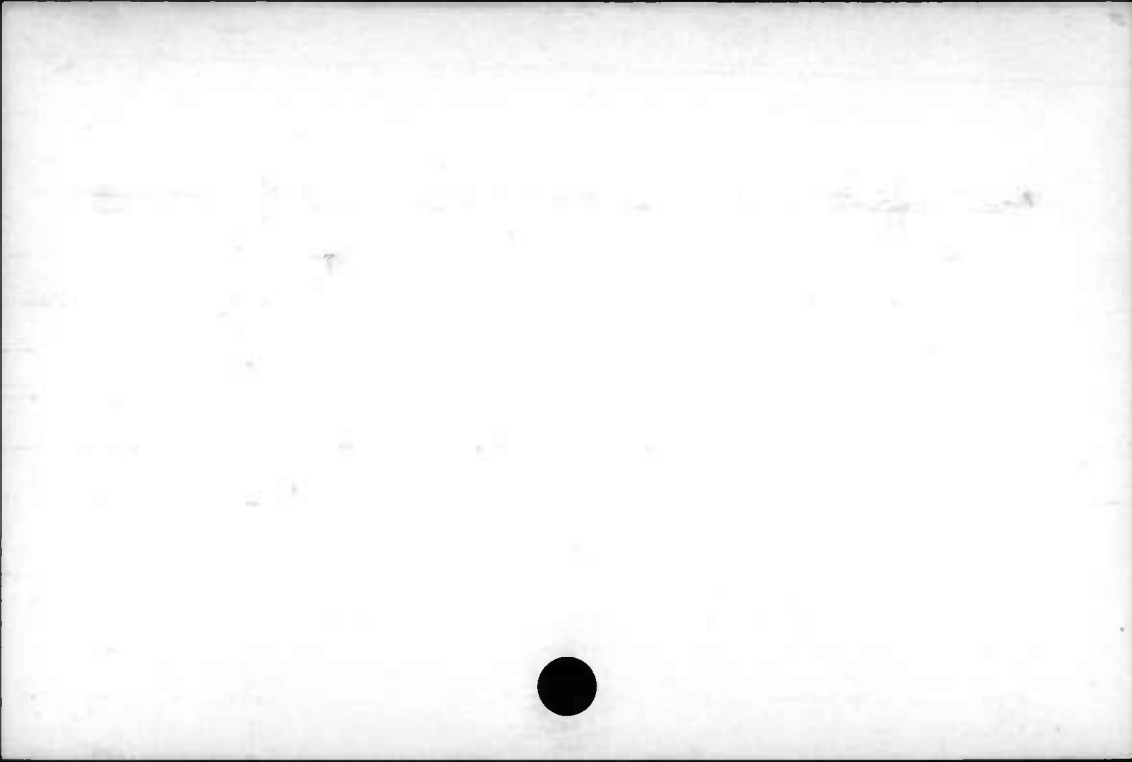
Signature of Physician

Address

J

Accident or Suicide?

J. W. Leitch
Huntingtown
*Ind.*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

Date 19

Husband
of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Hallan's J P Parker 44

Johnston Creek County *Carroll*

Month *Jan* Day *30* Y. *2* M. *3* D. Native of *Illinois* Occupation

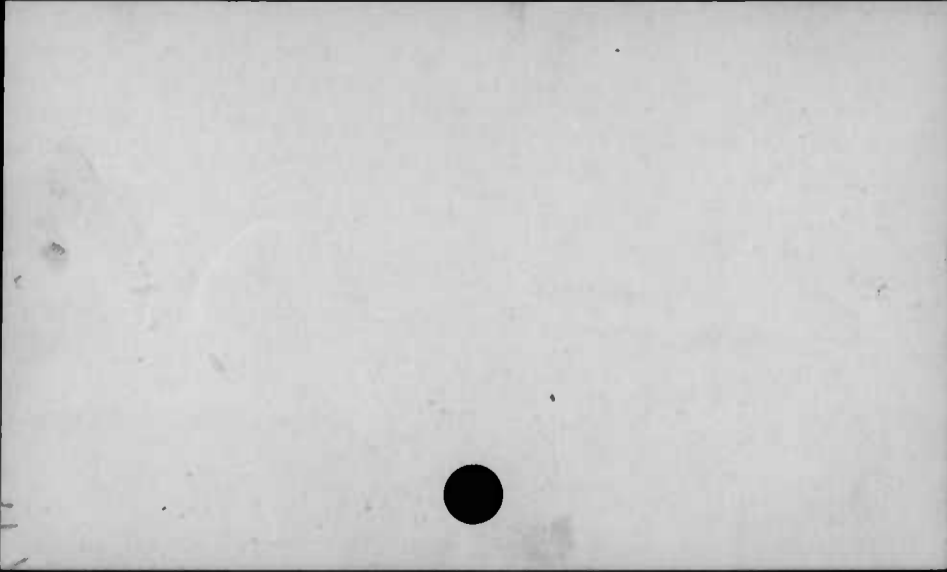
White ~~Black~~ ~~Female~~ ~~Single~~ ~~Widower~~ ~~Divorced~~ Number of children living *0*

Father's Name *Thomas P Parker* Mother's Maiden Name *Jessie Hossman*

Cause of Death { Primary *Myocardial Infarction* Immediate *Myocardial Infarction* } How long sick *1 week* Accident, Suicide, Homicide

Reported by *John P Parker*

Address *Johnston Creek*



Name in Full		Mary V. Sherbert				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Huntingtown</u> Town			<u>Calvert</u> County			MARYLAND		
		Date of death 190 <u>3</u>		Month <u>Jan.</u>		Day <u>31</u>		Years <u>58</u>		
						Months <u>—</u>		Days <u>22</u>		
		Sex <u>Female</u>			Color or Race <u>white</u>			Birth-place <u>A.A. Co. Md</u>		
		Married, Single or Widowed				Occupation <u>Seamstress</u>				
		Name of Wife or Husband <u>—</u>								
		Father's Name <u>Thos H. Sherbert</u>						Father's Birthplace <u>A.A. Co. Md</u>		
Mother's Maiden Name <u>Mary Grandell</u>						Mother's Birthplace <u>A.A. Co. Md.</u>				
Name of person giving information <u>Thos. Sherbert</u>						How related to deceased <u>Brother</u>				
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary <u>Pulmonary Phthisis</u>					How long <u>10 years —</u>			
		Immediate <u>Apnoea</u>					How long <u>—</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>					Signature of Physician <u>E. H. Hinman</u>			
							Address <u>Lower Marlboro, Md</u>			
		Accident or Suicide? <u>8</u>								



Name in Full

Certificate of Death

Thos. H. Dimonds

Town

County

Died at

MARYLAND

Barstow

Leavenworth

Md

Month Day

Y. M. D.

Native of

Occupation

Data 1905

January 17

Age

82

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age

154

How long sick

Died suddenly

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Dr. Estep Padden

Address

Barstow Md

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

45-

Thomas Smallwood

Town

County

MARYLAND

Died at

Prinze Frederic Calvert

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Jan 29

Age 83

Calvert Farmer

Male

White

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's

Mother's

Name

Not Known

Maiden Name

Not Known

Cause of

Primary

General debility

How long sick

Death

Immediate

Accident, Suicide, Homicide

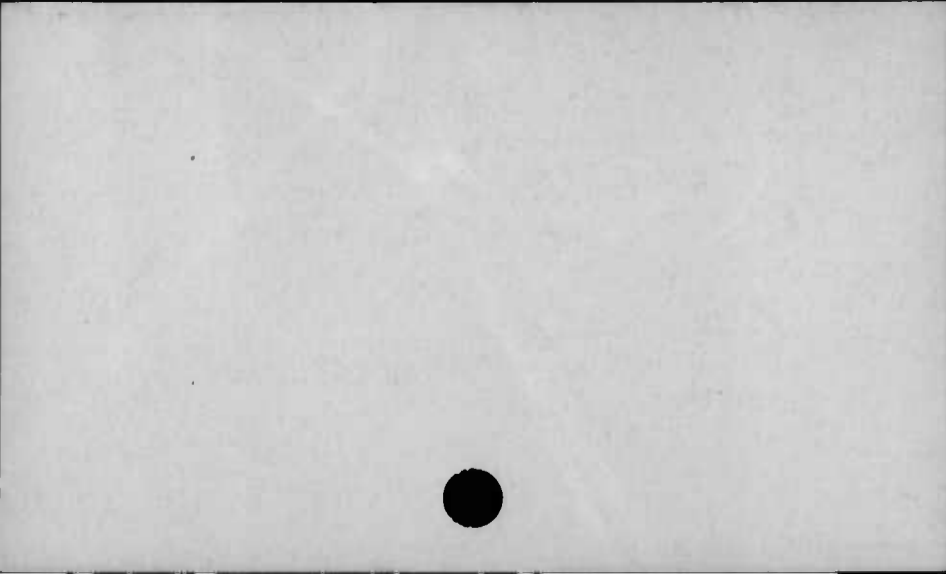
Reported by

John Brook 154

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Mary Jane Warren

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Solomons</i>		County <i>Calvert</i>		MARYLAND	
Date of death 190		3	Month <i>January</i>	7	Day	43	Years
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth- place <i>Baltimore, Md.</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>House Keeper.</i>					
Name of Wife or Husband <i>Benjamin Warren</i>							
Father's Name <i>Joseph Cooper</i>		Father's Birthplace <i>Talbot Co. Md.</i>					
Mother's Maiden Name <i>Mrs. Jane Scott</i>		Mother's Birthplace <i>Talbot Co. Md.</i>					
Name of person giving Information <i>Benj. Warren</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>	How long <i>138</i>	How long <i>12 hrs.</i>
Immediate <i>Uraemia</i>		How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W F March, M.D.</i>	Address <i>Solomons Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?		

